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CONFIRMATION NO. 9273

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|---|--|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/712,734  | <b>FILING OR 371(c) DATE</b><br>11/12/2003<br><b>RULE</b>  | <b>CLASS</b><br>604           | <b>GROUP ART UNIT</b><br>3767   | <b>ATTORNEY DOCKET NO.</b><br>CPHM-P01-001 |                                |
| <b>APPLICANTS</b><br>Ian Warwick Hunter, Lincoln, MA;<br>Jane Hirsh, Wellesley, MA;<br>Alison Fleming, North Attleboro, MA;   |  |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/425,549 11/12/2002 <i>ERM 8/10/06</i><br><b>** FOREIGN APPLICATIONS *****</b>  |  |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 02/10/2004</b>  |  |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>allowance</i><br>Verified and Acknowledged <i>anthon morelli</i><br>Examiner's Signature Initials |  | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWING</b><br>9  | <b>TOTAL CLAIMS</b><br>42                  | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>28120   |  |                               |   |  |                                |
| <b>TITLE</b><br>Inertial drug delivery system   |  |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>648   | <b>FEES: Authority has been given in Paper</b><br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |